Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains valid OMB control number.

| DECLARATION FOR UTILITY OR | | Attorney Docket No. | | · 527P019 | | | | |
|--|---|--|---|--|--------------------------------|---|-------------------|--|
| DE | SIGN | | First Name | d Inventor | | Kenneth H. Pu | irser | |
| PATENT A | PPLICATIO | М | riist Name | | OMPLETE I | F KNOWN | | |
| ☐ Declaration | □ Declaration □ D | ation | Application | Number | 10/619,7 | 702 | | |
| Submitted OR | Submitte | d after Initial | Filing Date | | July 15, | 2003 | | |
| with Initial | Filing (su | ırcharge | Group Art | | | | | |
| Filing | (37 CFR | | Examiner | | | | | |
| As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CONTROLLING THE CHARACTERISTICS OF IMPLANTER ION-BEAMS | | | | | | | | |
| | (Title of the Invention) | | | | | | | |
| the specification of which | | | | | | | | |
| is attached hereto | | | | | | | | |
| OR | July 15, 2 | 003 | | | | | | |
| was filed on (MM/DD/YYY | Y) | | as United St | ates Application No | umber or PC | CT International | | |
| Application Number | 19,702 | and was amended | d on (MM/DD | m [| | (if applic | able). | |
| I hereby state that I have review amended by any amendment s | | | above identifi | ed specification, in | cluding the | ctaims, as | | |
| I acknowledge the duty to discl in-part applications, material in PCT International filing date of | formation which be | came available betwe | ntability as deen the filing of | efined in 37 CFR 1 date of the prior ap | .56, includin | ng for continuation- d the national or | | |
| I hereby claim foreign priority ben or plant breeder's rights certificate than the United States of America patent, inventor's or plant breeder application on which priority is cla | e(s), or 365(a) of any a, listed below and have 's rights certificate(s) | PCT international appli ave also identified below | cation which d v, by checking | lesignated at least or the box, any foreign | ne country ot application f | ther for | | |
| Prior Foreign Application Number(s) | Country | Foreign Filing (MM/DD/YY | | Priority Not Claime | d | Certified Cop YES | y Attached? NO | |
| | | , | • | | | | | |
| Additional foreign applica | | | | | | | | |
| I hereby claim the benefit under Application Number(s) | r 35 U.S.C. Section | 1 119(e) of any United Filing Date (MM/i | | sional application(| s) listed belo | ow: | | |
| 60/396,322 | | | y 17, 2002 Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. | | | ata sheet | | |

[Page 1 of 2]

DECLARATION – Utility or Design Patent Application

| Direct all correspondence to: | | | | | | | | | | |
|---|--|--------------|-------------------------|--|-----------------------|----------------------|------------|-------|--------------|------------------|
| Customer Number | | | | | | | | | | |
| Name | Kevin | S. Lemack | | | | | | | | |
| | Nields | s & Lemack | | | | | | | | |
| Address | 176 E | . Main Stree | t – Sı | ite 7 | | | | | | |
| City | Westb | oro | State MA Zip Code 01581 | | | | | | 01581 | |
| Country | US | | Tele | Telephone 508-898-1818 Fax 508-898-202 | | | | | 508-898-2020 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor | | | | | rentor | | | | | |
| Given Name Family Name | | | | | | | | | | |
| (first and middle [if any] | (first and middle [if any]) Kenneth H. or Surname Purser | | | | | | | | | |
| Inventor's Signature Lucillo C. Lucillo Date | | | | | | | | | | |
| Signature MMI | Signature Mullis C1- Museu Date | | | | | | | | | |
| Residence: City L | exingto | on | State | e | Massachusetts Country | | | y U | s | Citizenship US |
| Mailing Address | 360 N | orth Emerso | n Ro | ad | | | | , | | |
| | | | | | | | | | | |
| City Lexington | _ | State Ma | ssach | usetts | | Zip 0242 | 20 | | Count | ry US |
| NAME OF SECOND | INVEN. | ΓOR: | | ☐ A p | etitio | on has been file | d for this | unsi | gned inv | /entor |
| Given Name | | | | | Fam | ily Name | | | | |
| (first and middle [if any] | J) + | larald A. | | | or Su | ırname E | inge | | | |
| Inventor's Signature | dd | Enge | | | | | | • | | 01/09/04 Date |
| • | | 1 | • | | | | | | | |
| Residence: City She | rborn | | Stat | e Mas | sach | usetts | Countr | y U | S | Citizenship US |
| Mailing Address | Mailing Address P.O. Box 201 | | | | | | | | | |
| | | | | | | | | | | |
| City Sherborn | | State M | assacl | husetts | | Zip 01770 | -0201 | ····· | Count | ry US |
| Additional inventors a | are being | named on the | _1_s | upplemen | tal Ad | ditional Inventor(s) | sheet(s) P | TO/SB | 3/02A atta | ched hereto. |

| lease type a plus sign (+) inside this box | + |
|--|-------|

PTO/SB/01 (03-01)
Please type a plus sign (+) inside this box + Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplem ntal Sheet Page __3__ of __3_

| Name of Additional Invento | A pet | A petition has been filed for this unsigned inventor | | | | | | | | |
|--|-----------------|--|---------|------------------------|------------|------------------|---------|---------------------|--|--|
| Given Name (first and r | middle [if any] |) | | Family Name or Surname | | | | | | |
| Norman L. | | | Tu | ırner | | | | | | |
| Inventor's Signature Morman 8 u | | | | ner | | | | Date 11/24/03 | | |
| Residence: City Vero Beach State F | | | | ı . | | Country US | S | / Citizenship US | | |
| Mailing Address 196 | 60 Ocean Ric | lge Circl | e | | | | | | | |
| City Vero Beach | State Flor | ida | | ZIP | 32963 | | Count | ry US | | |
| | | | | | | | | | | |
| Name of Additional Inventor, if any: A petition has been filed for this unsigned inventor | | | | | | | ventor | | | |
| Given Name (first and | middle [if any] |) | | | F | amily Name or S | Surname | е | | |
| | | | | | | | | | | |
| Inventor's Signature | | | | | | | | Date | | |
| Residence: City | | State | | Country | | | | Citizenship | | |
| Mailing Address | | | | | | | | | | |
| Mailing Address | | | | | | | | | | |
| | | | | | | | | | | |
| City | State | | | ZIP | | | Count | ry | | |
| Name of Additional invent | or, if any: | |] A per | tition has | been filed | d for this unsig | ned in | ventor | | |
| Given Name (first and | middle (if any |) | | Family Name or Surname | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| Inventor's Signature | | | | | | | : | Date | | |
| Residence: City State | | | | Country | | | | Citizenship | | |
| Mailing Address | | 1 | | | | 1 | | L | | |
| Mailing Address | | | · | | | | ····· | | | |
| <u> </u> | | | | | | | | | | |
| City | State | | | ZIP | | | Count | try | | |

| > | + |
|-------------|---|

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| | U.S. Patent and Trademark Office, U.S. Det ARTIMENT OF COMMERCE |
|-------------------------------------|---|
| | 995, no persons are required to respond to a collection of information unless it display a valid OMB control number. |
| radazaha Danasuark Paduction Act of | 495, no persons are required to respond to a collection of information unless it display a valid office control number. |
| INDENTAGE SPELMONY LAGRACION VOLVI | 700, no portonia are required |

| M | 1 | ² POW | ER OF | ATTO | ORN | EY OF | 2 |
|---|-----|------------------|-------|------|-----|-------|------------|
| | | AUT# | ORIZA | TION | OF | AGEN | 1 T |
| Ţ | زغا | المتلاط علاقة | | | | | |

| Application Number | 10/619,702 |
|------------------------|-------------------|
| Filing Date | July 15, 2003 |
| First Named Inventor | Kenneth H. Purser |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 527P019 |

| I hereby appoint: | | | | | | |
|---|---|-----------------------------|--|--|--|--|
| Practitioners at Customer Number Place Customer Number Bar Code Label here | | | | | | |
| OR ☐ Practitioner(s) na | med below: | | | | | |
| Additioner(s) na | Name | Re | Registration Number | | | |
| Kevin | S. Lemack | | ,579 | | | |
| | C. Nields | | ,029 | | | |
| Robert | Frame | 54,1 | 104 | | | |
| 1 | | | | | | |
| as my/our attorney(s) o business in the United | r agent(s) to prosecute the application States Patent and Trademark Office co | identified a innected th | above, and to transact all herewith. | | | |
| | espondence address for the above-ider red Customer Number. | ntified appli | lication to: | | | |
| X Firm or Individual Name | Kevin S. Lemack | | | | | |
| Address | Nields & Lemack | | | | | |
| Address | 176 E. Main Street | | | | | |
| City | Westboro | State | MA Zip 01581 | | | |
| Country | U.S.A. | | /#20\ 207 207 | | | |
| Telephone | (508) 898-1818 | Fax | (508) 898-2020 | | | |
| I am the: X Applicant/Invent | | : 71 | | | | |
| Assignee of reco | ord of the entire interest. See 37 CFR 3 r 37 CFR 3.73(b) is enclosed. (Form P | TO/SB/96). |). | | | |
| | SIGNATURE of Applicant or Assig | nee of Reco | ord | | | |
| Name Kenge | eth H. Pursey Harald A | Enge | Norman L. Turner | | | |
| Signature Klu | with the as of asalo | Louge | <u> </u> | | | |
| Date 0 | 1/69/04/01/09/ | 1041 | | | | |
| | ntors or assignees of record of the entire interes | t or their repr | resentative(s) are required. Submit multiple | | | |
| | rms are submitted. | | | | | |

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| Application Number | 10/619,702 |
|------------------------|-------------------|
| Filing Date | July 15, 2003 |
| First Named Inventor | Kenneth H. Purser |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 527P019 |

| I hereby appoi | nt: | | | | ſ | Dir 0 | iotoms = | ٦ |
|--|---|--|--|-----------------------|---------------------------|--------------------------------|----------------------------|------------|
| Practitioners at Customer Number OR | | | | | | Place Cu Number Label he | Bar Code | |
| | er(s) nam | ned below: | | | · | | | |
| | | Name | | | | tion Numbe | r | |
| K | Kevin S | . Lemack | | | 32,579 | | | |
| | | . Nields | | | 17,029 | ···· | | |
| R | lobert I | Frame | | _ | 54,104 | | | |
| | | | | | | | | |
| as my/our attorr business in the | ney(s) or United S | agent(s) to prosecut tates Patent and Tra | te the application ademark Office o | n identif :onnecti | ied above, ed therewit | and to tran h. | sact all | |
| Please change the Description of the Please Change the Description of the Please Change the Please Change the Description of the Please Change the Description of the Please Change the Please Change the Description of the Please Change the Description of the Please Change Chang | Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. | | | | | | | |
| X Firm or Individual Na | ıme | Kevin S. Lema | ıck | | | | | |
| Address | | Nields & Lema | ack | | | | | |
| Address | | 176 E. Main S | Street | | T | | | |
| City | | Westborc | | State | MA | Zip | 0158 | 1 |
| Country | | U.S.A. | | | | | | |
| Telephone | | (508) 898-181 | 18 | Fax | (50 | 08) 898-2 | 2020 | |
| I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | | | | |
| 0.0.017.0. | | SIGNATURE of A | | | | | | |
| Namo | Kennet | th H. Purser | Harald | | | Norma | n I., Tur | rner |
| Name | Remet | | | | <u> </u> | M | | - |
| Signature | | | | | | Mari | n L. Tur an Vu /24/0 | 7 |
| Date | Labor Services | ors or assignees of recor | d of the entire inter- | et or the | [(Ontonesta) | 11/ | 124/0 | multiple . |
| NOTE: Signatures of all forms if more than one: | i the invent signature is | s required, see below*. | o or the entire intell | | - representati | ve(s) are requ | JIICU. SUUINII | |
| □ *Total of | | ns are submitted. | | <u> </u> | | | | |